

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5						
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48						
49						
50						
TOTAL IND.	1	-			↓	
TOTAL DEP.	3	←		←		←
TOTAL CLAIMS	4					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS